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22857 U.S.PTO  
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040204

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**ATTORNEY DOCKET NO. 023971-0399**

Applicant: Shinichiro JOE et al.

Title: SHIFT CONTROL APPARATUS AND METHOD FOR HYBRID  
TRANSMISSION APPLICABLE TO HYBRID VEHICLE

Appl. No.: Unassigned

Filing Date: April 2, 2004

Examiner: Unknown

Art Unit: Unknown

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the non-provisional  
utility patent application of:

Shinichiro JOE  
Taketoshi KAWABE  
Tomoya IMAZU

Enclosed are:

- Application Data Sheet (37 CFR 1.76) (3 pages).
- Specification, Claim(s), and Abstract (93 pages).
- Formal drawings (25 Sheets, Figures 1A-25).
- Declaration and Power of Attorney (4 pages).
- Assignment Recordation Cover Sheet.
- Assignment of the invention to NISSAN MOTOR CO., LTD.
- Claim for Convention Priority with 1 certified Japanese Priority Document.

Appl. No. Unassigned

[ X ] Information Disclosure Statement (2 pages).

[ X ] Form PTO/SB/08 with copies of 1 listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claim s	Rate	Fee Totals
Basic Fee				\$770.00	= \$770.00
Total Claims:	34	- 20	= 14	x \$18.00	= \$252.00
Independents:	2	- 3	= 0	x \$86.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$290.00	= \$0.00	
			SUBTOTAL:	= \$1022.00	
[ ]			Small Entity Fees Apply (subtract ½ of above):	= \$0.00	
			TOTAL FILING FEE:	= \$1022.00	
Assignment Recordation Fee:			+ \$40.00	= \$40.00	
			TOTAL FEE	= \$1062.00	

[ X ] A check in the amount of \$1062.00 to cover the filing fee is enclosed.

[ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,



By \_\_\_\_\_

Richard L. Schwaab  
Attorney for Applicant  
Registration No. 25,479

Date April 2, 2004

FOLEY & LARDNER LLP

Customer Number: 22428

Telephone: (202) 672-5414

Facsimile: (202) 672-5399